

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Council of Life Insurers Political Action Committee

ADDRESS (number and street)

101 Constitution Ave., NW

Suite 700

☐Check if different
than previously
reported. (ACC)

Washington

DC

20001

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00147066

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☒

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

08

01

2007

through

08

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Donald L. Walker

Signature of Treasurer

Electronically Filed by Mr. Donald L. Walker

Date

09

14

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2007		35088.05
(b) Cash on Hand at Beginning of Reporting Period	21767.19	
(c) Total Receipts (from Line 19)	28717.98	219880.78
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	50485.17	254968.83
7. Total Disbursements (from Line 31)	30142.55	234626.21
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	20342.62	20342.62
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	11736.44	56772.43
(i) Itemized (use Schedule A)	4481.54	33108.35
(ii) Unitemized	16217.98	89880.78
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	12500.00	130000.00
(c) Other Political Committees (such as PACs)	28717.98	219880.78
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	28717.98	219880.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	28717.98	219880.78

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		30142.55	227176.21
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		0.00	7450.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		30142.55	234626.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		30142.55	234626.21

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	28717.98	219880.78
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28717.98	219880.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 33

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Allianz Life Insurance Company PAC

Mailing Address 591 Redwood Highway #4000

City State Zip Code
 Mill Valley CA 94941

FEC ID number of contributing
federal political committee.

C C00095109

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 6 / 2 0 0 7

Transaction ID: 21032244

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Ameritas Financial PAC

Mailing Address P.O. Box 81889

City State Zip Code
 Lincoln NE 68501

FEC ID number of contributing
federal political committee.

C C00187138

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 7 / 2 0 0 7

Transaction ID: 21032245

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Union Central Life PAC

Mailing Address 1876 Waycross Road

City State Zip Code
 Cincinnati OH 45240

FEC ID number of contributing
federal political committee.

C C00179010

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 7 / 2 0 0 7

Transaction ID: 21032246

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 33

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)
Guardian Life PAC

Mailing Address 7 Hanover Square

City State Zip Code
 New York NY 10004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 4 / 2 0 0 7

Transaction ID: 21093774

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

12500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. JoAnn M. Martin			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 7 / 2 0 0 7	
Mailing Address 6221 Andrew Court			Transaction ID: 21032248	
City Lincoln State NE Zip Code 68512-1904			Amount of Each Receipt this Period 700.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Ameritas Life Insurance Corp.		Occupation President & Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00		
B. Full Name (Last, First, Middle Initial) Mr. Lawrence J. Arth			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 7 / 2 0 0 7	
Mailing Address 1301 Evergreen Drive			Transaction ID: 21032249	
City Lincoln State NE Zip Code 68510-4138			Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer UNIFI Companies		Occupation Chairman of the Board, President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
C. Full Name (Last, First, Middle Initial) Mr. Robert G. Lange			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 7 / 2 0 0 7	
Mailing Address 1859 Pershing Road			Transaction ID: 21032251	
City Lincoln State NE Zip Code 68502-4840			Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Ameritas Life Insurance Corp.		Occupation Vice President & General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Rick D. Riley Mailing Address 5602 Painted Valley Drive City Austin State TX Zip Code 78759-5526 FEC ID number of contributing federal political committee. C Name of Employer Citizens Insurance Company of America Occupation Chr of the Bd, President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 4 / 2 0 0 7 Transaction ID: 21093852 Amount of Each Receipt this Period 2500.00
B. Full Name (Last, First, Middle Initial) Ms. Gail E. Lataille Mailing Address 256 Stanley Drive City Glastonbury State CT Zip Code 06033-2622 FEC ID number of contributing federal political committee. C Name of Employer VantisLife Insurance Company Occupation Vice President and Controller Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 4 / 2 0 0 7 Transaction ID: 21097683 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Mr. Scott E. Smith Mailing Address 19 Cardinal Way City South Windsor State CT Zip Code 06074-3745 FEC ID number of contributing federal political committee. C Name of Employer VantisLife Insurance Company Occupation Senior Vice President & COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 4 / 2 0 0 7 Transaction ID: 21182934 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Paul E. Petry

Mailing Address P.O. Box 738

City State Zip Code
 Osterville MA 02655-0738

FEC ID number of contributing
federal political committee.

C

Name of Employer
Boston Mutual Life Insurance Company

Occupation
Chairman, President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 6 / 2 0 0 7

Transaction ID: 21230232

Amount of Each Receipt this Period

1200.00

B. Full Name (Last, First, Middle Initial)

Sidney L. Harp, II

Mailing Address P.O. Box 1383

City State Zip Code
 Donaldsonville LA 70346-1383

FEC ID number of contributing
federal political committee.

C

Name of Employer
Citizens Insurance Company of America

Occupation
Vice President, Home Service Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 2 7 / 2 0 0 7

Transaction ID: 21267945

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Mr Ray A. Riley

Mailing Address 5910 Overlook Drive

City State Zip Code
 Austin TX 78731-4222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Citizens Insurance Company of America

Occupation
EVP/CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 2 4 / 2 0 0 7

Transaction ID: 21273719

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)

Ms Stacy Suire

Mailing Address 315 Abshire Drive

City State Zip Code
 Kaplan LA 70548-2447

FEC ID number of contributing
federal political committee.

C

Name of Employer
Citizens Insurance Company
of America

Occupation
Regional Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 8 / 2 0 0 7

Transaction ID: 21276933

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Gustave Lescouffair

Mailing Address 39 Ridgecrest Road

City State Zip Code
 Glastonbury CT 06033-1666

FEC ID number of contributing
federal political committee.

C

Name of Employer
VantisLife Insurance Comp-
any

Occupation
Senior Vice President, CFO & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 8 / 2 0 0 7

Transaction ID: 21276956

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Ross L. Sargent

Mailing Address 101 Constitution Ave, NW
 Suite 700

City State Zip Code
 Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Senior Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

709.29

Date of Receipt

M M / D D / Y Y Y Y
 / / /

Transaction ID: PR1120489711526

Amount of Each Receipt this Period

88.66

P/R Deduction (\$44.33 Sem-
i-Monthly)

SUBTOTAL of Receipts This Page (optional)

588.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Donald L. Walker			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 101 Constitution Ave, NW Suite 700			Transaction ID: PR1156427111526	
City State Zip Code Washington DC 20001-2133			Amount of Each Receipt this Period <div>100.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer American Council of Life Insurers		Occupation CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>800.00</div>		
B. Full Name (Last, First, Middle Initial) Ms. Ann B. Cammack			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 101 Constitution Ave, NW Suite 700			Transaction ID: PR1333392911526	
City State Zip Code Washington DC 20001-2133			Amount of Each Receipt this Period <div>255.20</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer American Council of Life Insurers		Occupation Senior Vice President, Tax and Retirement		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>2041.61</div>		
C. Full Name (Last, First, Middle Initial) Jean-Francois Poulin			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 527 Bookbinder Way			Transaction ID: PR1415829611526	
City State Zip Code Lansdale PA 19446-4056			Amount of Each Receipt this Period <div>40.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer London Life Reinsurance Company		Occupation Executive Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>240.00</div>		
P/R Deduction (\$50.00 Semi-Monthly)				
P/R Deduction (\$127.60 Semi-Monthly)				
P/R Deduction (\$20.00 Bi-Weekly)				

SUBTOTAL of Receipts This Page (optional)

395.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Gary E. Hughes

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer American Council of Life Insurers
Occupation Executive Vice Pres & General Counsel

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2162.71

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771358211526

Amount of Each Receipt this Period

270.34

P/R Deduction (\$135.17 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
Ms. Linda H. Cunningham

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer American Council of Life Insurers
Occupation Vice President, Conference Development

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771362411526

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. John F. Dolan

Mailing Address 101 Constitution Ave, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer American Council of Life Insurers
Occupation Vice President, Media Relations

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771365411526

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)

410.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Barbara A. Price			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771369011526	
Mailing Address 101 Constitution Avenue, NW Suite 700 West			Amount of Each Receipt this Period 50.26	
City Washington	State DC	Zip Code 20001-2133		
FEC ID number of contributing federal political committee. C				
Name of Employer American Council of Life Insurers		Occupation VP, Legislative & Regulatory Informati		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 376.43		
B. Full Name (Last, First, Middle Initial) Mr. J Bruce Ferguson			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771373211526	
Mailing Address 101 Constitution Avenue, NW Suite 700 West			Amount of Each Receipt this Period 233.22	
City Washington	State DC	Zip Code 20001-2133		
FEC ID number of contributing federal political committee. C				
Name of Employer American Council of Life Insurers		Occupation Senior Vice President, State Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1865.77		
C. Full Name (Last, First, Middle Initial) Ms. Shawn Hausman			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771373511526	
Mailing Address 101 Constitution Avenue, NW Suite 700 West			Amount of Each Receipt this Period 42.82	
City Washington	State DC	Zip Code 20001-2133		
FEC ID number of contributing federal political committee. C				
Name of Employer American Council of Life Insurers		Occupation Sr. Vice President, Public Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 342.55		

SUBTOTAL of Receipts This Page (optional)

326.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. David M. Leifer

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Senior Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

866.72

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771374011526

Amount of Each Receipt this Period

108.34

P/R Deduction (\$54.17 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. James D. Hall

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Senior Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771374311526

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. David R. Wentworth

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Vice President, Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771376011526

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)

198.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. C Bryan Cox

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.71

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771376811526

Amount of Each Receipt this Period

42.84

P/R Deduction (\$21.42 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)

Mr. John W. Mangan, CEBS

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771377111526

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)

Mr. Donald G. Preston Jr.

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Managing Director, Reinsurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1224.97

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771386411526

Amount of Each Receipt this Period

153.12

P/R Deduction (\$76.56 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)

395.96

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Kimberly Dorgan			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771395111526	
Mailing Address 101 Constitution Avenue, NW Suite 700 West			Amount of Each Receipt this Period 326.04	
City Washington State DC Zip Code 20001-2133		FEC ID number of contributing federal political committee. C		
Name of Employer American Council of Life Insurers		Occupation Executive Vice President, Federal Rela		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2608.32		
B. Full Name (Last, First, Middle Initial) Mr. John Pearson			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771402611526	
Mailing Address 10075 Red Run Boulevard			Amount of Each Receipt this Period 100.00	
City Owings Mills State MD Zip Code 21117-4865		FEC ID number of contributing federal political committee. C		
Name of Employer Baltimore Life Insurance Company		Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00		
C. Full Name (Last, First, Middle Initial) Ms. Sheila M. Ziegler			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771412111526	
Mailing Address 101 Constitution Ave, NW Suite 700			Amount of Each Receipt this Period 26.36	
City Washington State DC Zip Code 20001-2133		FEC ID number of contributing federal political committee. C		
Name of Employer American Council of Life Insurers		Occupation Excutive Secretary, Office of the Gene		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.89		

SUBTOTAL of Receipts This Page (optional)

452.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Morris Goff			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771419311526	
Mailing Address 101 Constitution Avenue, NW Suite 700 West			Amount of Each Receipt this Period 79.98	
City Washington	State DC	Zip Code 20001-2133		
FEC ID number of contributing federal political committee. C				
Name of Employer American Council of Life Insurers		Occupation Vice President, Federal Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 639.84		
B. Full Name (Last, First, Middle Initial) Frank Keating			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771419711526	
Mailing Address 101 Constitution Avenue, NW Suite 700 West			Amount of Each Receipt this Period 416.66	
City Washington	State DC	Zip Code 20001-2133		
FEC ID number of contributing federal political committee. C				
Name of Employer American Council of Life Insurers		Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3333.28		
C. Full Name (Last, First, Middle Initial) Mr. Michael J. Hunter			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771419811526	
Mailing Address 101 Constitution Avenue, NW Suite 700 West			Amount of Each Receipt this Period 416.66	
City Washington	State DC	Zip Code 20001-2133		
FEC ID number of contributing federal political committee. C				
Name of Employer American Council of Life Insurers		Occupation Executive Vice President & COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3333.28		

SUBTOTAL of Receipts This Page (optional)

913.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)

Brenda Nation

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Senior Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771419911526

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)

Ms. Nancy Smith

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Executive Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771420011526

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)

Mr. Daniel J. Mahoney

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Vice President, Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.07

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771420911526

Amount of Each Receipt this Period

113.76

P/R Deduction (\$56.88 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)

243.76

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Debra K. West			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771421011526 Amount of Each Receipt this Period 100.00	
Mailing Address 101 Constitution Avenue, NW Suite 700 West				
City Washington State DC Zip Code 20001-2133				
FEC ID number of contributing federal political committee. C				
Name of Employer American Council of Life Insurers		Occupation Senior Counsel & Director, Southern Re		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00		
B. Full Name (Last, First, Middle Initial) Ms. Katherine C. Smith			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771422911526 Amount of Each Receipt this Period 59.38	
Mailing Address 101 Constitution Ave, NW Suite 700 West				
City Washington State DC Zip Code 20001-2133				
FEC ID number of contributing federal political committee. C				
Name of Employer American Council of Life Insurers		Occupation PAC Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 461.91		
C. Full Name (Last, First, Middle Initial) Ms. Lisa Tate			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771423211526 Amount of Each Receipt this Period 80.00	
Mailing Address 101 Constitution Avenue, NW Suite 700				
City Washington State DC Zip Code 20001-2133				
FEC ID number of contributing federal political committee. C				
Name of Employer American Council of Life Insurers		Occupation Associate General Counsel, Litigation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 640.00		

SUBTOTAL of Receipts This Page (optional)

239.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. John P. Gerni			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771428711526	
Mailing Address 101 Constitution Ave, NW Suite 700			Amount of Each Receipt this Period 110.42	
City	State	Zip Code		
Washington	DC	20001-2133		
FEC ID number of contributing federal political committee. C				
Name of Employer American Council of Life Insurers		Occupation Senior Legislative Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.84	P/R Deduction (\$55.21 Semi-Monthly)	
B. Full Name (Last, First, Middle Initial) Mr. Juan Carlos Scott			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771428811526	
Mailing Address 101 Constitution Ave, NW Suite 700 West			Amount of Each Receipt this Period 117.50	
City	State	Zip Code		
Washington	DC	20001-2133		
FEC ID number of contributing federal political committee. C				
Name of Employer American Council of Life Insurers		Occupation Senior Vice President, Federal Relatio		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 940.00	P/R Deduction (\$58.75 Semi-Monthly)	
C. Full Name (Last, First, Middle Initial) David C. Turner			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771428911526	
Mailing Address 101 Constitution Ave, NW Suite 700			Amount of Each Receipt this Period 171.26	
City	State	Zip Code		
Washington	DC	20001-2133		
FEC ID number of contributing federal political committee. C				
Name of Employer American Council of Life Insurers		Occupation Sr. Vice President and Corp Sec.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1370.07	P/R Deduction (\$85.63 Semi-Monthly)	

SUBTOTAL of Receipts This Page (optional)

399.18

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alane R. Dent

Mailing Address 101 Constitution Ave, NW
Suite 700City State Zip Code
Washington DC 20001-2133FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
InsurersOccupation
Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.40

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771444311526

Amount of Each Receipt this Period

48.80

P/R Deduction (\$24.40 Sem-
i-Monthly)

Full Name (Last, First, Middle Initial)

B. T Scott Dixon

Mailing Address 101 Constitution Avenue NW
Suite 700 WestCity State Zip Code
Washington DC 20001-2133FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
InsurersOccupation
Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771444911526

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Sem-
i-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. Andrew Melnyk

Mailing Address 101 Constitution Avenue NW
Suite 700City State Zip Code
Washington DC 20001-2133FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
InsurersOccupation
Director, Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.29

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771445811526

Amount of Each Receipt this Period

28.16

P/R Deduction (\$14.08 Sem-
i-Monthly)

SUBTOTAL of Receipts This Page (optional)

116.96

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Julie A. Spiezio			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771449611526	
Mailing Address 101 Constitution Avenue NW Suite 700			Amount of Each Receipt this Period 50.00	
City Washington State DC Zip Code 20001-2133		FEC ID number of contributing federal political committee. C		
Name of Employer American Council of Life Insurers		Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		
B. Full Name (Last, First, Middle Initial) Mr. John K. Bruins			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771450111526	
Mailing Address 101 Constitution Avenue NW Suite 700			Amount of Each Receipt this Period 26.00	
City Washington State DC Zip Code 20001-2133		FEC ID number of contributing federal political committee. C		
Name of Employer American Council of Life Insurers		Occupation Senior Actuary		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.00		
C. Full Name (Last, First, Middle Initial) Mr. Raymond J. Hazel			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR796887911526	
Mailing Address 7 Daydilly Court			Amount of Each Receipt this Period 40.00	
City Wilmington State DE Zip Code 19808-1951		FEC ID number of contributing federal political committee. C		
Name of Employer London Life Reinsurance Company		Occupation VP Finance, & CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00		

SUBTOTAL of Receipts This Page (optional)

116.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial) Mrs Monica M Hainer Mailing Address 130 Wentworth Drive City Lansdale State PA Zip Code 19446-1671 FEC ID number of contributing federal political committee. C Name of Employer London Life Reinsurance Company Occupation President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 324.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR798114411526 Amount of Each Receipt this Period 54.00 P/R Deduction (\$27.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Mr. Maurice Perkins Mailing Address 101 Constitution Ave, NW Suite 700 City Washington State DC Zip Code 20001-2133 FEC ID number of contributing federal political committee. C Name of Employer American Council of Life Insurers Occupation Vice President, Federal Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1093.29			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR805149111526 Amount of Each Receipt this Period 136.66 P/R Deduction (\$68.33 Semi-Monthly)
C. Full Name (Last, First, Middle Initial) Mr. Wayne Mehlman Mailing Address 101 Constitution Avenue, NW Suite 700 City Washington State DC Zip Code 20001-2133 FEC ID number of contributing federal political committee. C Name of Employer American Council of Life Insurers Occupation Counsel, Insurance Regulation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR904819511526 Amount of Each Receipt this Period 50.00 P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)

240.66

TOTAL This Period (last page this line number only)

11736.44

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrews for Congress Committee

Mailing Address 215 Fourth Avenue
Suite 200

City Haddon Heights State NJ Zip Code 08035

Purpose of Disbursement

011
Category/
Type

Candidate Name
Robert Andrews

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 1

Transaction ID: 21188124

Date of Disbursement

08 / 16 / 2007

Amount of Each Disbursement this Period

1222.34

Full Name (Last, First, Middle Initial)

B. Bennett Election Committee

Mailing Address PO Box 77361

City Washington State DC Zip Code 20013

Purpose of Disbursement

011
Category/
Type

Candidate Name
Robert Bennett

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: UT District: 2

Transaction ID: 21188119

Date of Disbursement

08 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dave Camp for Congress

Mailing Address P.O. Box 423

City Midland State MI Zip Code 48640

Purpose of Disbursement

011
Category/
Type

Candidate Name
Dave Camp

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 4

Transaction ID: 21187118

Date of Disbursement

08 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3222.34

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Campbell For Congress

Mailing Address 4590 Macarthur Blvd. Suite 500

City Irvine State CA Zip Code 92660

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. John Campbell

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 48

Transaction ID: 21188117

Date of Disbursement

08 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Castle Campaign Fund

Mailing Address P.O Box 133

City Wilmington State DE Zip Code 19899

Purpose of Disbursement

011
Category/
Type

Candidate Name
Michael Castle

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: DE District: 1

Transaction ID: 21187116

Date of Disbursement

08 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Committee for the Preservation of Capitalism

Mailing Address P.O. Box 22614

City Alexandria State VA Zip Code 22304

Purpose of Disbursement

011
Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 21187089

Date of Disbursement

08 / 16 / 2007

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mike Crapo for US Senate

Mailing Address PO Box 1948

City
Boise

State
ID

Zip Code
83701

Purpose of Disbursement

011

Category/
Type

Candidate Name
Michael Crapo

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: ID District: 2

Transaction ID: 21187119

Date of Disbursement

08 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ERICPAC

Mailing Address 209 Pennsylvania Ave, SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 21188122

Date of Disbursement

08 / 16 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Wally Herger for Congress Committee

Mailing Address P.O. Box 1500

City
Chico

State
CA

Zip Code
95927

Purpose of Disbursement

011

Category/
Type

Candidate Name
Wally Herger

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 2

Transaction ID: 21187086

Date of Disbursement

08 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pennsylvanians for Kanjorski

Mailing Address 126 South Franklin Street

City Wilkes-Barre State PA Zip Code 18701

Purpose of Disbursement

Candidate Name
Paul Kanjorski

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 11

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 21187074

Date of Disbursement

08 / 16 / 2007

Amount of Each Disbursement this Period

3121.96

Full Name (Last, First, Middle Initial)

B. Windows Catering Company

Mailing Address 5724 General Washington Drive

City Alexandria State VA Zip Code 22312

Purpose of Disbursement
In-Kind catering Contribution for event

Candidate Name
Paul Kanjorski

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 11

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 21187076

Date of Disbursement

08 / 16 / 2007

Amount of Each Disbursement this Period

378.04

In-Kind catering Contribution for event on 7/17/20-07

Full Name (Last, First, Middle Initial)

C. Kind For Congress Committee

Mailing Address 38 Ivy Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name
Rep. Ron Kind

Office Sought: ☒ House
☐ Senate
☐ President

State: WI District: 3

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 21187085

Date of Disbursement

08 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Klein For Congress

Mailing Address 10 G Street, NE
Suite 470

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name
Rep. Ronald Klein

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 22

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 21183214

Date of Disbursement

08 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Windows Catering Company

Mailing Address 5724 General Washington Drive

City Alexandria State VA Zip Code 22312

Purpose of Disbursement
In-Kind catering Contribution for event

Candidate Name
John Larson

Office Sought: ☒ House
☐ Senate
☐ President

State: CT District: 1

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 21187067

Date of Disbursement

08 / 16 / 2007

Amount of Each Disbursement this Period

520.21

In-Kind catering Contribution for event on 6/27/20-07

Full Name (Last, First, Middle Initial)

C. Trent Lott For Mississippi

Mailing Address 201 N. Union Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name
Sen. Trent Lott

Office Sought: ☐ House
☒ Senate
☐ President

State: MS District: 2

Disbursement For: 2007
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 21187091

Date of Disbursement

08 / 16 / 2007

Amount of Each Disbursement this Period

1250.00

SUBTOTAL of Disbursements This Page (optional)

2770.21

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lucas for Congress

Mailing Address Post Office Box 1726
Post Office Box 1726

City Oklahoma City State OK Zip Code 73101

Purpose of Disbursement

011
Category/
Type

Candidate Name
Frank Lucas

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 3

Transaction ID: 21188127

Date of Disbursement

08 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Martinez For Senate

Mailing Address 610 South Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement

011
Category/
Type

Candidate Name
Sen. Mel Martinez

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 2

Transaction ID: 21188123

Date of Disbursement

08 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Buck McKeon For Congress

Mailing Address 24265 San Fernando Road

City Santa Clarita State CA Zip Code 91321

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Howard McKeon

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 25

Transaction ID: 21188118

Date of Disbursement

08 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard E. Neal for Congress Committee

Mailing Address P.O. Box 15906

City Chevy Chase State MD Zip Code 20825

Purpose of Disbursement

011
Category/
Type

Candidate Name
Richard Neal

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 2

Transaction ID: 21187117

Date of Disbursement

08 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Pascrell For Congress Inc.

Mailing Address 38 Ivy Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. William Pascrell, Jr.

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 8

Transaction ID: 21188126

Date of Disbursement

08 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jim Ramstad Volunteer Committee

Mailing Address 1809 Plymouth Road South #310B

City Minnetonka State MN Zip Code 55305

Purpose of Disbursement

011
Category/
Type

Candidate Name
Jim Ramstad

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 3

Transaction ID: 21187084

Date of Disbursement

08 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 / 33

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Council of Life Insurers

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001

Purpose of Disbursement
In-kind for solicitation time and phone/

Candidate Name
Thomas Reynolds

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 26

Transaction ID: 21284154

Date of Disbursement

08 / 29 / 2007

Amount of Each Disbursement this Period

150.00

In-kind for solicitation
time and phone/e-mail use
for 9-6-07 event

Full Name (Last, First, Middle Initial)

B. Pat Roberts For Senate

Mailing Address 228 South Washington Street
Suite B-20

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name
Sen. Pat Roberts

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 2

Transaction ID: 21183195

Date of Disbursement

08 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Senator Rockefeller

Mailing Address PO Box 1909

City Charleston State WV Zip Code 25327

Purpose of Disbursement

Candidate Name
John Rockefeller

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District: 2

Transaction ID: 21187956

Date of Disbursement

08 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2150.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dave Wu For Us Congress

Mailing Address 818 Sw Third Ave. #1182

City
Portland

State
OR

Zip Code
97204

Purpose of Disbursement

Candidate Name
Rep. David Wu

Office Sought: ☒ House
☐ Senate
☐ President

State: OR District: 1

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 21185771

Date of Disbursement

MM / DD / YYYY
08 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

30142.55